



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)  
Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

6

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

|  |   |
|--|---|
| 1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name<br><b>COMMITTEE TO ELECT RICK L. TAYLOR</b>         |   |
| 2. Acronym or Abbreviated Name (if any)  | 3. Committee Telephone Number<br><b>(317) 773-6934</b>    |
| 4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address<br><b>1352 CLINTON ST</b> |   |
| 5. City, State, ZIP Code<br><b>NOBLESVILLE, IN 46060</b>   | 6. Party Affiliation (if applicable)<br><b>REPUBLICAN</b> |

CANDIDATE INFORMATION (For Candidate's Committees Only)

|   |  |
|---|--|
| 7. Full Name of Candidate (include any nickname)<br><b>RICK L. TAYLOR</b>   | 8. Party Affiliation or If Independent Candidate |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.)<br><b>CITY COUNCIL DISTRICT 3</b> | 10. County of Residence<br><b>HAMILTON</b>       |

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

|   |   |
|---|---|
| 11. Check one:<br><input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other<br><input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization) | Check one:<br><input type="checkbox"/> Pre-Convention<br><input type="checkbox"/> Post-Convention |
|---|---|

|   |                                     |                                      |
|---|-------------------------------------|--------------------------------------|
| 12. Reporting Period:<br>From: <b>1-1-11</b> Through: <b>4-8-11</b>         | COLUMN A<br>This Period<br><b>0</b> | COLUMN B<br>Year to Date<br><b>0</b> |
| 13. Cash on hand and investments at the beginning of this reporting period. |                                     |                                      |
| 14. Cash on hand and investments January 1, current year.                   |                                     |                                      |

CONTRIBUTIONS AND RECEIPTS

|   |                |
|---|----------------|
| (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) |                |
| 15a. Itemized (use Schedule A)  | <b>3550.00</b> |
| 15b. Unitemized   | <b>100.00</b>  |
| 15c. Add lines 15a and 15b in both columns  | <b>3650.00</b> |
| SUBTOTAL  |                |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B                         | <b>3650.00</b> |
| TOTAL   |                |

EXPENDITURES

|   |                |
|---|----------------|
| (Note: These amounts include in-kind expenditures and loan repayments.)                                   |                |
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C)  | <b>2770.00</b> |
| 17b. Unitemized   | <b>0</b>       |
| 17c. Add lines 17a and 17b in both columns  | <b>2770.00</b> |
| SUBTOTAL  |                |
| 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) | <b>879.30</b>  |
| TOTAL   |                |
| 19. Debts OWED BY the committee (use Schedule D)  |                |
| 20. Debts OWED TO the committee (use Schedule E)  |                |

CERTIFICATION

EST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

|                           |                       |
|---------------------------|-----------------------|
| Title<br><b>Treasurer</b> | Date<br><b>4-9-11</b> |
|                           | Date<br><b>4-9-11</b> |

ed for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly  
A person who fails to file a complete or accurate report as required by the Indiana  
14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

FILED



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)

Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 1 of 4

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)                         | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE<br>RECEIVED<br>RECEIVED BY |
|---|---|-----------------------------------|--|---------------------------------|
| 1.<br>RICK & SANDY TAYLOR<br>1352 CLINTON ST<br>NOBLESVILLE, IN 46060<br>Contributor's Occupation (if required) <u>RETIRED FF</u> | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>Other Receipts:<br><input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | 200 <sup>00</sup>                 |  | 1/29/11<br>RICK<br>TAYLOR       |
| 2.<br>RICK & SANDY TAYLOR<br>1352 CLINTON ST<br>NOBLESVILLE, IN 46060<br>Contributor's Occupation (if required) <u>RETIRED FF</u> | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>Other Receipts:<br><input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | 500 <sup>00</sup>                 | 700 <sup>00</sup>                      | 2/16/11<br>RICK<br>TAYLOR       |
| 3.<br>ALVIN LEROY O'DELL<br>1294 LOGAN ST<br>NOBLESVILLE, IN 46060<br>Contributor's Occupation (if required)                      | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | 100 <sup>00</sup>                 |  | 3/19/11<br>RICK<br>TAYLOR       |
| 4.<br>RANDY HUNTZINGER<br>1498 GRANT ST<br>NOBLESVILLE, IN 46060<br>Contributor's Occupation (if required)                        | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | 50 <sup>00</sup>                  |  | 3/19/11<br>RICK<br>TAYLOR       |
| 5.<br>RICK & SANDY TAYLOR<br>1352 CLINTON ST<br>NOBLESVILLE, IN 46060<br>Contributor's Occupation (if required) <u>RETIRED FF</u> | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>Other Receipts:<br><input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | 500 <sup>00</sup>                 | 1200 <sup>00</sup>                     | 3/19/11<br>RICK<br>TAYLOR       |
| SUBTOTAL THIS PAGE OF SCHEDULE A  |   | \$1350 <sup>00</sup>              |  |                                 |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet)                          |   | \$                                |  |                                 |



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 2 of 4

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)                                    | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE<br>RECEIVED<br>RECEIVED BY |
|--|---|-----------------------------------|--|---------------------------------|
| 1.<br>LANCE R. WISELOGLE<br>6770 E 171 <sup>ST</sup> ST<br>NOBLESVILLE, IN 46062<br>Contributor's Occupation (if required) OWNER DENTAL LABS | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | 250. <sup>00</sup>                |  | 3/21/11<br>RICK<br>TAYLOR       |
| 2.<br>RICK & MARIE STOVER<br>675 SUNSET DR<br>NOBLESVILLE, IN 46060<br>Contributor's Occupation (if required)                                | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | 25. <sup>00</sup>                 |  | 3/23/11<br>RICK<br>TAYLOR       |
| 3.<br>FRANK & PAT KINZER<br>611 LAKEVIEW DR<br>NOBLESVILLE, IN 46060<br>Contributor's Occupation (if required)                               | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | 25. <sup>00</sup>                 |  | 3/28/11<br>RICK<br>TAYLOR       |
| 4.<br>KENNY & CAROL WARINER<br>1373 CENTRAL AVE<br>NOBLESVILLE, IN 46060<br>Contributor's Occupation (if required)                           | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | 50. <sup>00</sup>                 |  | 3/28/11<br>RICK<br>TAYLOR       |
| 5.<br>ROSS M. CALLAHAN<br>1367 CLINTON ST<br>NOBLESVILLE, IN 46060<br>Contributor's Occupation (if required)                                 | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | 100. <sup>00</sup>                |  | 3/28/11<br>RICK<br>TAYLOR       |
| SUBTOTAL THIS PAGE OF SCHEDULE A   |   | \$ 450. <sup>00</sup>             |  |                                 |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet)                                     |   | \$                                |  |                                 |



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 3 of 4

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)   | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE<br>RECEIVED<br>RECEIVED BY |
|---|---|-----------------------------------|--|---------------------------------|
| 1.<br>DWAYNE & BARB PIERSON<br>9720 WILLIAM DR<br>NOBLESVILLE, IN 46060<br>Contributor's Occupation (if required) <u>GEN MER OLD CASTLE GLASS</u> | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | 250 <sup>00</sup>                 |  | 3/30/11<br><br>RICK<br>TAYLOR   |
| 2.<br><br>Contributor's Occupation (if required) _____  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)            |                                   |  |                                 |
| 3.<br><br>Contributor's Occupation (if required) _____  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)            |                                   |  |                                 |
| 4.<br><br>Contributor's Occupation (if required) _____  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)            |                                   |  |                                 |
| 5.<br><br>Contributor's Occupation (if required) _____  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)            |                                   |  |                                 |
| SUBTOTAL THIS PAGE OF SCHEDULE A  |   | \$ 250 <sup>00</sup>              |  |                                 |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet)  |   | \$                                |  |                                 |



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4)  
CONTRIBUTIONS BY  
POLITICAL ACTION COMMITTEES  
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees **MUST** be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 4 of 4

| CONTRIBUTOR'S FULL NAME AND<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)           | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE<br>RECEIVED<br>RECEIVED BY |
|--|---|-----------------------------------|--|---------------------------------|
| 1.<br>HAMILTON CITY FF LOCAL #4416,<br>PAC<br><br>83 S. 8TH ST, SUITE 100<br>NOBLESVILLE, IN 46060       | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | 1500. <sup>00</sup>               |  | 3/23/11<br><br>RICK<br>TAYLOR   |
| 2.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)            |                                   |  |                                 |
| 3.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)            |                                   |  |                                 |
| 4.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)            |                                   |  |                                 |
| 5.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)            |                                   |  |                                 |
| SUBTOTAL THIS PAGE OF SCHEDULE A   |   | \$1500. <sup>00</sup>             |  |                                 |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet) |   | \$3550. <sup>00</sup>             |  |                                 |



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE  
State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER

Page 1 of 2

| RECIPIENT'S NAME AND MAILING ADDRESS<br>(street, number, city, state, ZIP code)                          | RECIPIENT'S OCCUPATION            | TYPE OF EXPENDITURE<br>and<br>PURPOSE (be specific)   | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE |
|--|-----------------------------------|---|-----------------------------------|--|------------------------|
|  | OFFICE SOUGHT (if applicable)     |   |                                   |  |                        |
| Code <u>A</u><br>NOBLESVILLE DAILY TIMES<br>802 MULBERRY ST<br>NOBLESVILLE IN 46060                      | AD<br>PUBLISHING                  | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input checked="" type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 200 <sup>00</sup>                 |  | 2/16/11                |
| Code <u>A</u><br>VISTAPRINT USA<br>ATTN: PAYMENT PROCESSING<br>95 HAYDEN AVE<br>LEXINGTON, MA 02421      | PRINTER                           | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input checked="" type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 83 <sup>85</sup>                  |  | 2/27/11                |
| Code <u>0</u><br>NOBLESVILLE POST OFFICE<br>NOBLESVILLE IN 46060   | POSTAGE                           | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input checked="" type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 88 <sup>00</sup>                  |  | 3/7/11                 |
| Code <u>0</u><br>STAPLES<br>16751 CLOVER RD<br>NOBLESVILLE, IN 46060                                     | COMPUTER<br>INK, PAPER, ENVELOPES | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input checked="" type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 130 <sup>96</sup>                 |  | 2/26/11                |
| Code <u>A</u><br>BLAKE WISELOGUE<br>8305 SCARSDALE CT<br>INDIANAPOLIS IN                                 | SIGNS, FLYERS<br>DESIGNER/PRINTER | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input checked="" type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 600 <sup>00</sup>                 |  | 3/21/11                |
| Code <u>A</u><br>BLAKE WISELOGUE<br>8305 SCARSDALE CT<br>INDIANAPOLIS IN                                 | SIGNS, FLYERS<br>DESIGNER/PRINTER | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input checked="" type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 690 <sup>00</sup>                 | 1290 <sup>00</sup>                     | 3/30/11                |
| Code <u>A</u><br>BLAKE WISELOGUE<br>8305 SCARSDALE CT<br>INDIANAPOLIS IN                                 | SIGNS<br>DESIGNER/PRINTER         | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input checked="" type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 200 <sup>00</sup>                 | 1490 <sup>00</sup>                     | 4/7/11                 |
| SUBTOTAL THIS PAGE OF SCHEDULE B   |                                   |   | \$1992.81                         |  |                        |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY<br>(Enter total on ITEM 17a of the Summary Sheet) |                                   |   | \$                                |  |                        |



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

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| RECIPIENT'S NAME AND MAILING ADDRESS<br>(street, number, city, state, ZIP code)                          | RECIPIENT'S OCCUPATION<br>OFFICE SOUGHT (if applicable) | TYPE OF EXPENDITURE<br>and<br>PURPOSE (be specific)  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE |
|--|---|--|-----------------------------------|--|------------------------|
| Code <u>A</u><br>CURRENT PUBLISHING<br>1 SOUTH RANGELINE RD #200<br>CARMEL IN 46032                      | AD<br>PUBLISHING  | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input checked="" type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:                                | 630 <sup>00</sup>                 |  | 4/8/11                 |
| Code <u>D</u><br>RICK & SANDY TAYLOR<br>1352 CLINTON ST<br>NOBLESVILLE, IN 46060                         | INK CARTRIDGE   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input checked="" type="checkbox"/> Other _____<br>Purpose: 3/12/11<br>STAPLES             | 24 <sup>60</sup>                  |  | 4/8/11                 |
| Code <u>D</u><br>RICK & SANDY TAYLOR<br>1352 CLINTON ST<br>NOBLESVILLE, IN 46060                         | PLASTIC DOOR BALS                                       | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input checked="" type="checkbox"/> Other _____<br>Purpose: 3/22/11<br>CLEAR IMAGE INC     | 40 <sup>62</sup>                  | 65 <sup>22</sup>                       | 4/8/11                 |
| Code <u>D</u><br>RICK & SANDY TAYLOR<br>1352 CLINTON ST<br>NOBLESVILLE, IN 46060                         | GASOLINE  | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input checked="" type="checkbox"/> Other _____<br>Purpose: 4/8/11<br>HAMILTON COUNTY COOP | 60 <sup>92</sup>                  | 126 <sup>14</sup>                      | 4/8/11                 |
| Code <u>D</u><br>COMMUNITY BANK<br>PO BOX 1990<br>NOBLESVILLE, IN 46060                                  | PRINTED CHECK FEE                                       | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input checked="" type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: 2/8/11<br>COMM BANK            | 21 <sup>75</sup>                  |  | 2/8/11                 |
| Code _____   |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:   |                                   |  |                        |
| Code _____   |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:   |                                   |  |                        |
| SUBTOTAL THIS PAGE OF SCHEDULE B   |   |  | \$ 777 <sup>89</sup>              |  |                        |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY<br>(Enter total on ITEM 17a of the Summary Sheet) |   |  | \$ 2770 <sup>70</sup>             |  |                        |